

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No.	<b>R0151B-REG</b>
	First Inventor	<b>Maag, Hans et al.</b>
	Title	<b>Substituted Benzoxazinones and Uses Thereof</b>
	Express Mail Label No.	<b>ER 494672750 US</b>

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (Total Pages <b>69</b>) (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets <b>3</b>)</p> <p>5. Oath or Declaration (Total Sheets <b>3</b>) a. <input checked="" type="checkbox"/> Newly executed (copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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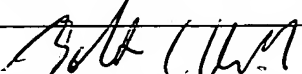
<b>ACCOMPANYING APPLICATIONS PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____
Prior application information: Examiner _____			Art Unit: _____

**Claim for Benefit of Provisional Application(s):**  
This Application claims the benefit under title 35 U.S.C. 119(e) of U.S. Provisional Application No. **60/424,946**, filed **November 8, 2002**.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<b>24372</b> (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
Name	Grant D. Green ROCHE PALO ALTO LLC				
Address	Patent Law Dept., M/S A2-250			<b>24372</b>	
	3431 Hillview Avenue			PATENT TRADEMARK OFFICE	
City	Palo Alto	State	CA	Zip Code	94304
Country	U.S.A.	Telephone	650/ 855-5311	Fax	650/ 855-5322

Name (Print/Type)	Robert C. Hall, ph. 650/ 354-7540	Registration No. (Attorney/Agent)	39,209
Signature		Date	Nov. 6 2003

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor <b>Maag, Hans et al.</b>	
		Examiner Name <b>unassigned</b>	
		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		1,310.00	
Attorney Docket No.		R0151B-REG	

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money    <input type="checkbox"/> Other    <input type="checkbox"/> None Order             </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Deposit Account Number: <b>18-1700</b> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Deposit Account Name: <b>Roche Palo Alto LLC 3431 Hillview Avenue Palo Alto, CA 94304</b> </div> <p style="font-size: small;">The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.             </p>				<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																															
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<p><b>2. EXTRA CLAIM FEES</b></p> <p>                 Total Claims: <b>50</b> - 20 ** = <b>30</b> × <b>18</b> = <b>540</b>                  Independent Claims: <b>2</b> - 3 ** = <b>0</b> × <b>86</b> = <b>0</b>                  Multiple Dependent: _____ × _____ = <b>0</b> </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td></td><td></td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td></td><td></td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td></td><td></td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td></td><td></td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td></td><td></td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 540.00)</b></td> </tr> </tbody> </table> <p style="font-size: small;">**or number previously paid, if greater; For Reissues, see above</p>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18			Claims in excess of 20		1201	86			Independent claims in excess of 3		1203	280			Multiple dependent claim, if not paid		1204	84			** Reissue independent claims over original patent		1205	18			** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$ 540.00)</b>																																																																																																																																																																																																		
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Robert C. Hall	Registration No. Attorney/Agent	39,209	Telephone	650/ 354-7540
Signature				Date	Nov. 6 2003